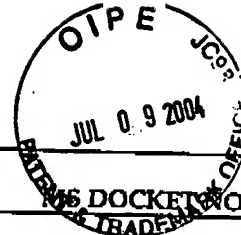


PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 003797.00739



As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CLIPPING VIEW

the specification of which is filed herewith unless the following box is checked:

☒ was filed on February 13, 2004 as US Application Serial No. or PCT International Application No. 10/777,046 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: <input type="checkbox"/> NO: <input type="checkbox"/>
			YES: <input type="checkbox"/> NO: <input type="checkbox"/>
			YES: <input type="checkbox"/> NO: <input type="checkbox"/>

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below and those associated with

Customer No. 28319

to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to:		Direct Telephone Calls To:	
Contact Name	Gary D. Fedorochko, Esq.	Contact Name	Christopher R. Glembocki
Firm Name	Banner & Witcoff, LTD.	Contact Phone Number	202-824-3000
Firm Address	1001 G Street NW, 11 th Floor		
City, State and Zip	Washington, DC 20001-4597		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made or information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Matthew Lerner

Citizenship: U.S.

Residence: Seattle, Washington

Post Office Address: 4011 Ashworth Ave., N, Seattle, WA 98103

Inventor's Signature

Date

Full Name of Inventor: William Mak

Citizenship: Canada and U.S.

Residence: Seattle, Washington

Post Office Address: 1105 Spring Street #1211, Seattle, WA 98104



Inventor's Signature

July 9, 2008

Date

Full Name of Inventor: Kevin Paulson

Citizenship: U.S.

Residence: Redmond, Washington

Post Office Address: 9132 161st Place NE, Redmond, WA 98052

Inventor's Signature

Date

Full Name of Inventor: Jeffrey W. Pettross

Citizenship: U.S.

Residence: Seattle, Washington

Post Office Address: 11034 1st Ave., NW, Seattle, WA 98177

Inventor's Signature

Date

PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 003797.00739

MS DOCKET NO. 305996.1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CLIPPING VIEW

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			YES: <input type="checkbox"/> NO: <input type="checkbox"/>

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below and those associated with

Customer No. 28319

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Contact Name	Gary D. Fedorochko, Esq.	Contact Name	Christopher R. Glembocki
Firm Name	Banner & Witcoff, LTD.	Contact Phone Number	202-824-3000
Firm Address	1001 G Street NW, 11th Floor		
City, State and Zip	Washington, DC 20001-4597		

DECLARATION AND POWER OF ATTORNEY**ATTORNEY DOCKET NO. 003797.00739****MS DOCKET NO. 305996.1**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Matthew LernerCitizenship: U.S.Residence: Seattle, WashingtonPost Office Address: 4011 Ashworth Ave., N, Seattle, WA 98103_____
Inventor's Signature_____
DateFull Name of Inventor: William MakCitizenship: Canada and U.S.Residence: Seattle, WashingtonPost Office Address: 1105 Spring Street #1211, Seattle, WA 98104_____
Inventor's Signature_____
DateFull Name of Inventor: Kevin PaulsonCitizenship: U.S.Residence: Redmond, WashingtonPost Office Address: 9132 161st Place NE, Redmond, WA 98052_____
Inventor's Signature_____
DateFull Name of Inventor: Jeffrey W. PettrossCitizenship: U.S.Residence: Seattle, WashingtonPost Office Address: 11034 1st Ave., NW, Seattle, WA 98177

Inventor's Signature_____
Date21 May 2004

DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 003797.00739

MS DOCKET NO. 305996.1

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Inventor's Signature_____
DateFull Name of Inventor: Judy TandogCitizenship: U.S.Residence: Seattle, WashingtonPost Office Address: 4603 NE University Village PMB #459, Seattle, WA 98105_____
Inventor's Signature_____
DateFull Name of Inventor: William H. VongCitizenship: U.S.Residence: Seattle, WashingtonPost Office Address: 917 Lake Washington Blvd. S., Seattle, WA 98144_____
Inventor's Signature_____
Date